

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTATION	
OPERATION	
REGISTRATION OFFICE	

I. Operator
C. F. Qualia

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☒	Effective 10/13/81
Change in Ownership	☐	Casinghead Gas	☐	
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 23	Well No. 1	Pool Name, including Formation Wildcat Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. LC-4193
Location K	1980	South	1980	West
Unit Letter 23	Feet From The 15 S	Line and 34E	Feet From The Lea	Count
Line of section	Township	Range	North	Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2248, Andrews, TX 79714
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit K Sec. 23 Twp. 15S Rge. 34E Is gas actually compressed? No. When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same as last time
Date Spudded	Date Compl. Ready to Prod.	Total Depth	R.P.T.D.				
Elevations (DT, Rkb, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (from pump gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Oil-bbls.	Water-bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pt.)	Tubing Pressure (psi-in)	Casing Pressure (psi-in)	Coke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIG. SIGNED BY: DONNA HOLL

(Signature)
Agent

10/13/81

(Date)

OIL CONSERVATION DIVISION

APPROVED: _____, 19____

Orig. Signed by

Les Clements

Oil & Gas Insp.

This form is to be filed in compliance with Rule 10.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation from the well in accordance with RULE 10.1.

All sections of this form must be filled out completely for all oil and gas wells completed.

This form is to be filed with the Oil & Gas Division, P.O. Box 2088, Santa Fe, New Mexico 87501, and VI for changes of ownership or transporter or other such change of ownership or transporter. This form must be filed for each pool in which